Docket No. CRUS 101

Declaration and Power of Attorney For Patent Application

English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

which a patent is sought on the inver	ntion entitled	
A KIT AND METHOD FOR MIGRAI	NE HEADACHE TREATMENT	•
the specification of which		
(check one)		
is attached hereto.□ was filed onApplication Number	as United States Application No.	or PCT International
and was amended on		
	(if applicable)	
I hereby state that I have reviewed a including the claims, as amended by	and understand the contents of the above in any amendment referred to above.	dentified specification,
1.56, including for continuation-in-	nformation which is material to patentability part applications, material information whapplication and the national or PCT internation	ich became available
application(s) for patent, or plant be application which designated at least below and have also identified be	efits under 35 U.S.C. 119(a)-(d) or (f), or reeder's rights certificate(s), or 365(a) of ast one country other than the United Statelow, by checking the box, any foreign accertificate(s), or any PCT international approximation of the priority is claimed.	any PCT International tes of America, listed application for patent,
Prior Foreign Application(s)		Priority Not Claimed
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(Number) (Country	y) (Day/Month/Year Filed)	
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60/411,059	September 16, 2002	
(Application Serial No.)	(Filing Date)	
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Patent and Tradomark Office-U.S. DEPARTMENT OF COMMERCE

Sep-15-03 8:35AM; Page 1/1 Sent By: Dean A. Craine, P.S.; 424 637 9312; Page 3 of 3 POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number) Dean A. Craine, Atterney Reg. No. 33, 591 Send Correspondence to: Dean A. Craine, P.S. 400 - 112th Avenue NE, Suite 140 Bellevue, WA 98004 Direct Telephone Calls to: (name and telephone number) Dean A. Craine, (425)637-3035 Full name of sole ordirst inventor Suzanne Cruse Sole or first inventor's aignature Date 9-15-03 Residence 819 NE 8th Street, North Bend, WA 98045 Citizenshio U.S. Post Office Address BIG NE STH ST. N. BETVD. WA. 98045 Full name of second inventor, if any Second inventor's signature Residence Citizenshiu Post Office Address Form PTO-98-01 (8-93) (Modified)